

April 23, 1991, Conference among John Najarian, Bill Sullivan, Stanley Williams, and C.D. concerning THE CANCER DETECTION CENTER.

1. I raised the question about facilities for the Center, indicating that Stanley and I had spent a goodly amount of time judging the suitability of old Station 22. The reasons for suggesting such a move were:

a. Operation would be facilitated by having the office and the examining rooms contiguous.

b. Interview with several of the clientele indicates that it would be simpler for married couples if both husband and wife could be examined the same day so the expense of staying overnight could be spared; most days are concerned with either all men or all women at present. The added examining rooms proposed would thus tend to increase the clientele.

c. Station 22 is not the main thoroughfare that Station 41 is, where persons unrelated to the Center are constantly passing through.

Dr. Najarian stated that such a change would be impossible now since several of the rooms on Station 22 have already been committed.

We then discussed the possibility of occupying the proposed skeletal floor to be built on top of the old Mayo Building. The problem here is that this would involve new construction, which is costly. This would be prohibitive unless the Cancer Center could find a philanthropist.

Another solution lies in setting up a satellite clinic. The problem with this solution is that rent would be required. Also the laboratory at the Farm Campus is all committed to laboratories and is being vigorously used in the ALG program.

Dr. Najarian stressed that sound diplomacy favors finding the location which will best serve in the long term rather than to move with fall-back positions in mind. One big move is more likely to accomplish what we want than repeated ones, which tend to brand the proposers as pests. We should keep looking and we should keep agitating on the thesis that the Detection Center was functioning happily where it was until it was cut in two by the tunnel from the parking garage.

Bill Sullivan suggested that one area to keep in mind might be old Station 53. The activity there is fading, and that space might become available shortly.

Dr. Najarian suggested that the space occupied by the back-up I.C.U. on old Station 40 has not been heavily used; in fact it is usually unoccupied. This would make a good addition to the Cancer Center. (Bill, Stanley, and C.D. looked there after the conference and found the area active, with three patients there.)

Apparently Psychiatry has been hoping to expand and has been foraging to add to the 40 beds now allotted to it, even though the census suggests no more than 35 are needed. It may be that that service will not be able to utilize all of the new construction proposed on top of Mayo.

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This is a sensitive subject and should not be openly discussed. It is also possible that the present Psychiatry beds will become available when the new construction is finished.

Dr. Najarian will keep looking and stimulating Bob Dickler. He suggests that we do so also, dealing with Dickler if we can get to him, which would be more likely fruitful than dealing with an assistant, even Gary Hart. If we are persistent and keep driving home that the Center was happy until progress put a tunnel through the facility, we might get what we really want.


I inquired about the importance of the CASH FLOW IN THE CDC. Dr. Najarian was not concerned with this problem, feeling that the real function of the CDC is finding the early lesions which could improve our over-all management of the cancer problem. For instance, we should go ahead with such items as Hemo-Quant without worrying about the cost. This would seem to militate against further elevation of the charges to patients. He also agreed that there was no point in trying to make the CDC an all-purpose clinic, an activity which aroused the practicing physicians years ago, a situation which Don Stewart was able to resolve.

In this connection, Dr. Najarian asked about my going through the health program at the Mayo Clinic. He indicated that it would be wise to do so regardless of the cost, which the Department would cover, both in my interest and in order to find out precisely how the Clinic proceeds, seeking pointers which might be useful here.

I mentioned that an easily diagnosed cancer of the rectum was missed some weeks ago by the CDC, but that good fortune in finding a positive stool brought the patient back for colonoscopy and abdominoperineal resection. I was advised that Dr. Rothenberger would want to know about this.

After our conference, Bill Sullivan showed me the Bridges Lounge. He suggested that this might be a proper place to send our clientele after venipuncture in the morning until we are ready for examinations. He suggested we could have a beeper or two for these patients so we could call them when ready; this would be a more acceptable pattern than trying to get the coffee and doughnuts to give them in the examining area.

Bill Sullivan also suggested in connection with the Hemo-Quant test that Dr. Beckman of the Beckman Instruments Corp. is involved with automating the Hemo-Quant determination and might be instrumental in supporting us.

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